· <u></u>	
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery J SULCIVAN ///3/02 C. Signature X Aullu — Addressee
1. Article Addressed to: 9-11-02	D. Is delivery address different from item 1?
 RM-10570 American Family Association Inc. Licensee of Station WQST-FM P.O. Drawer 2440 Tupelo, MS 38803 	3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Copy from service label) ORA ON SHIP STORM SERVICE Return Receipt Domestic Return Receipt 102595-00-M-0952	
	9-11-02 5A 02-2310 FGE MIMEOGRAPH NO.
MAIL	
NAME: AMELICAL FAMILY AMERICAN THE P.O. DRAWER 2440 Tupelo, MS 38803 FCC-MAILROOM	
	ervice MAIL RECEIPT Ily; No Insurance Coverage Provided) \$ 137

